



Informal Access Request for Student Information from Individual and Third Party

First Name	_____	Last Name	_____
Student ID	_____	Date of Request	_____
Program	_____	Campus	_____

I _____, authorize The Sheridan College Institute of Technology and Advanced Learning (“Sheridan”) to access/release information pertaining to the Pre- and Registered Student Record (please check all that apply) to the authorized individual described under section 2.

1. INFORMATION TO BE RELEASED:

- Pre-Registration Student Record (Admissions)
- Fee Statement (including payment of fees, penalties, administrative encumbrances)
- Enrolment Verification

Registered Student Record (Academic Record):

- Grades and Academic Standing
- Final Grade reviews and academic appeals
- Record of graduation, credential awarded, date of completion, conferral date

Specify the nature of information sought from each checked-off department and/or indicate the information you wish to exclude:

2. AUTHORIZED INDIVIDUAL (note: you may leave this section blank if you wish to authorize Sheridan to release information only directly to you. Leaving this section blank will indicate that you are the only Authorized Individual):

Name: _____

Relationship to Student: _____

Verification Password (please provide a single word that will be used to verify the authorized individual if services are requested over the phone /electronically): _____

Sheridan

Please indicate in the boxes below how you authorize this individual to access the specified information (you may check both):

By telephone/electronically. Release of information using this method will involve verification of the authorized individual using the verification password that you have provided.

In person. Release of information using this method will involve verification of the authorized individual's identity using valid Government issued photo identification.

The authorization will be valid:

From the date of signing below until _____ (specify date).

Ongoing until written notice is given to terminate.

Signature of student: _____

Date: _____

Witness to Student Signature: _____

The completed form must be submitted in person, by the student, with valid photo ID to the Office of the Registrar. If the student is unable to submit the form in person, a **notarized** copy of the student's driver's license or passport (with the student signature), or Sheridan onecard must accompany scanned forms (i.e. for driver's license and onecard please copy both sides). Scanned form and identification can be emailed to information.sheridan@sheridancollege.ca.

DISCLAIMER

Sheridan reserves the right to refuse the release of information, even in situations where a signed release has been submitted.

Use of this form is subject to Sheridan's *Access to and Release of Student Information Policy* and its appendices, all other Sheridan policies including but not limited to the *Privacy Policy*, and all applicable legislation including but not limited to the *Ontario Freedom of Information and Protection of Privacy Act*.

All requests for information regarding your government student financial aid record (i.e. OSAP) is handled through a separated process in the Financial Aid Office.

<p>FOR OFFICE USE ONLY:</p> <p><input type="checkbox"/> Entered on PeopleSoft Hard Copy filed</p> <p>Processed by: _____ Date: _____</p> <p style="text-align: center;">Page 2 of 2</p>
--